

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10680102</i>	FILING DATE					
						APPLICANT(6)						
						CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1							51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
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18		1					68					
19		1					69					
20		1					70					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	23						TOTAL DEP.					
TOTAL CLAIMS	26						TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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